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23535 7590 08/27/2007

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<i>TRACI E. HIGHT</i> <i>Traci E. Hight</i>	(Depositor's name)
<i>NOVEMBER 21, 2007</i>	(Signature)
<i>NOVEMBER 21, 2007</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,809	07/15/2003	Donna L. Livant	UM-08199	7664

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR THE ENHANCEMENT OF WOUND HEALING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/27/2007
				11/26/2007	NNNGUYEN2 00000093 081290	10619809
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JONES, DAMERON LEVEST	1618	424-001690		01 FC:1504	300.00	OP
				02 FC:8001	24.00	OP
				03 FC:2501	20.00	DA
					700.00	OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list					
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Peter O. Carroll

Date Nov 21, 2007

Typed or printed name PETER O. CARROLL

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